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EDITORIAL

Twenty years ago housemen at Bart's worked for love and the hope of future glory. A chief assistant on a special department was paid £50 a year, had more work to do than today, and was expected to have no patients outside the hospital. It is odd that today students should sometimes complain about not getting enough financial aid, but there is in some cases justification for their pleas. It now costs £224 to live in College Hall for fifty weeks in the year. The College fees are £60 p.a. The necessities of life such as clothes and holidays are not cheap, and the traditional student's life is within the financial reach of very few.

In the social revolution since the war many inequalities have been removed and most of those have been for the general good. Some inequalities remain, and terrible to say, some new ones have been introduced. The expense account, for instance, which makes the businessman much more equal than others. Sometimes the State, removing an inequality with its left hand, introduces a new one with its right. Students' grants are an example of this. There should be no criticism of the idea that no one should be debarred by lack of money from becoming a medical student. The negatively minded may say that this is bringing into medicine a new type of person lacking the background and character asso-

ciated with doctors of former years, but medicine is a stern enough discipline to be able to mould character on its own, and anyway there is a wide demand now for technically well-equipped doctors in jobs where their personalities, old school ties, and accents are irrelevant. Indeed it is in these fields that medicine is advancing most rapidly.

While the lot of those who could not afford to read medicine without outside aid in the form of pounds sterling has been greatly improved, not only has nothing been done for the others, but they are greatly handicapped. The student fortunate enough to get a room in College Hall and have a State or other grant in some cases just needs to inform the authority concerned and back comes the extra money. He gets his travel expenses and books partly paid for, and in fact, may have almost as much money actually reaching his pocket as a junior houseman earns. The student whose father is paying for him, and they comprise 40 to 50 per cent of the students at Bart's, on the other hand, in all likelihood will be unable to live in College Hall, and if he is will feel rather tentative about asking for another £75 or so a year from a source not so limitless as the coffers of the State or County Authority.

So inequality is with us still. Is anyone going to do anything about it?

CALENDAR

APRIL

- Sat. 4—Medical and Surgical Units on duty
Mr. G. H. Ellis on duty
Rugby—Inter-Firm seven-a-side tournament
Soccer—United Hospitals Six-a-Side competition
- Mon. 6—Film Society
- Sat. 11—Dr. R. Bodley Scott on duty
Mr. A. H. Hunt on duty
Mr. F. T. Evans on duty
- Sat. 18—Dr. A. W. Spence on duty
Mr. C. Naunton Morgan on duty
Mr. R. A. Bowen on duty
- Thur. 23—Abernethian Society: Dr. D. G. Jamison
“Leprosy: Research and Therapy in Northern Nigeria.”
- Fri. 24—C.U. Weekend, Greenwoods, Essex.
- Sat. 25—Dr. G. W. Hayward on duty
Mr. A. W. Badenoch on duty
Mr. R. W. Ballantine on duty

Students' Union

A meeting of the Students Council was held on Wednesday, February 25th, Mr. A. H. Hunt was in the Chair.

Among the matters arising from the minutes of the previous meeting was the question of Students' travel expenses. It had since been pointed out that these were allowed only on courses which took people away from the hospital where in pre-war days they could do them in the hospital. Thus the aetiology of the anomaly (that some travel expenses are refunded and not others) was explained but not the reason for its continued existence. Mr. Tuckwell pointed out that the poorest students on the whole were the very ones who had no Local or State Authority to seek re-imbursement from.

Mr. Paul Cassell was elected nem. con. to the newly created post of Publicity Officer.

The Council then discussed at great

length and with some repetitions, hooliganism at Rugby Cup-ties. This was after it had been agreed that the Union rather than the Rugby Club should foot the bill for £5 for damage to the Richmond Athletic Club property at the tie against Guys.

It was decided by the Council that the word should be taken informally to those likely to break the peace that if they went beyond damaging each other they would be in trouble. By now we shall know whether this has been successful or not.

This was followed by a profitless discussion on the magazines which should or should not be bought by the Students Union for the Abernethian rooms at the Hospital and at College Hall. Profitless because although some research had been done into which periodicals were most wanted by Students no decision had yet been reached as to how much money was available for their purchase. Surprise was expressed by several people that the only magazines bought for the Abernethian Room at the moment were *Punch*, *Time*, *Illustrated London News*, and the *Manchester Guardian Weekly*. So there is hope that not only will students get the journals they want, but more of them.

The constitution of the Film Society was then read out and approved, and shortly afterwards the Council adjourned.

From Hansard

Sir I. Clark Hutchison asked the Minister of Health if he would state the total number of nurses, trained and undergoing training, per 100 staffed beds, in the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital respectively.

Mr. Walker Smith: 80, 83 and 93, respectively.

Sir I. Clark Hutchison asked the Minister of Health if he would state the average cost per patient per week in the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital, respectively.

Mr. Walker-Smith: The average in-patient net cost per week in 1957-58 in the Middlesex Hospital, St. Bartholomew's hospital and St. Thomas's Hospital, as shown in the recently published Costing Returns, was £31 15s. 10d., £35 1s. 9d. and £38 10s. 4d., respectively.

Sir I. Clark Hutchison asked the Minister of Health what grants from public funds excluding endowment funds, have been

allocated to the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital, respectively, for capital improvements during the past five years.

Mr. Walker-Smith: The following are the details of capital expenditure (including capital equipment out of public funds incurred by the Boards of Governors of:

<i>Year ended 31st March</i>	<i>St. Bartholomews Hospital</i>	<i>Middlesex Hospital</i>	<i>St. Thomas's Hospital</i>
	£	£	£
1954	9,241	20,733	84,135
1955	40,147	28,838	85,032
1956	24,815	72,924	236,834
1957	21,589	58,507	162,835
1958	39,934	44,513	38,725

Film Society

On Monday 2nd February the Film Society showed "Rififi" with "County Hospital" and "Christopher Crumpet's Playmate" to over 200 people. The last named film, a U.P.A. cartoon, was a good example of the maturer type of American short cartoon, whilst "County Hospital," which was greeted with cheers, was a typical vintage Laurel and Hardy film with its inevitable farcical situations and an incredible car ride with Laurel driving under the influence of an anaesthetic.

"Rififi," a good example of the rather sadistic French thriller, was memorable for the silent and extremely nerve-racking half-hour sequence showing the break-in and safe-opening in the jeweller's shop. The ending, except for the section showing the hallucinations of the dying Tony le Stéphanois—done in an abstract manner similar to the death of the soldier in "The Crowes are Flying"—was rather weak, culminating as it did in a succession of killings of the gangsters, to bring about the satisfactory moral conclusion.

A source of dissatisfaction, to all those who do not understand high-speed 'Argot', was that the subtitles were not always legible as they did not have a dark enough background. The present system of subtitling is a compromise between legibility of the caption and visibility of the film. Like all compromises it is unsatisfactory and a better method would be to sub-title in white letters (as now) on a narrow black strip.

On Monday 16 February, the Society showed "The General" with Buster Keaton,

"The Rival World" and another U.P.A. cartoon "Unicorn in the Garden"; this was based on the Thurber short story and was thoroughly enjoyed.

"The Rival World" a Shell film about insects, which exist in the proportion of fifty-million to one man; was beautifully photographed by Bert Haanstra (whose film "Rembrandt—Painter of Man" is booked for April 20). This film was an excellent example of the unobtrusively instructive documentary and is one of the best produced by Shell.

"The General" a silent film, directed by the star, was a hilarious version of a real-life locomotive chase during the American Civil War. Keaton has been compared to Chaplin for his frozen-faced clowning but a modern comedian who owes much to him in his moments as a poor down-trodden little man, is Norman Wisdom.

It is a worthy comment on the film that a serious version of this eminently filmable adventure was not made until thirty years later: Disney's "The Great Locomotive Chase".

Hockey Club Ball

The Hockey Club Ball was held in College Hall on Friday evening the 13th of February. An inauspicious date, but unlucky only for the organisers, whose efforts were unrewarded by making a considerable loss. This was partly accounted for by the fact that approximately 120 couples enjoyed themselves to the music of Hugh McCanley and his band, and ate the delicious buffet supper prepared

by members of the Ladies' Hockey Club, whereas only 78 double tickets were sold. Also not bargained for was the large loss of cutlery. How can 40 dessert spoons get lost?

However we hope the Hockey Club will not be deterred from holding an equally successful ball next year, continuing the excellent idea of having no cabaret.

Ski Club—Zermatt

"Get to Victoria early." Thus was the final exhortation of the secretaries at the briefing which preceded the visit of the Ski Club to Zermatt. Consequently at midday on the third Saturday in January, thirty-nine oddly-clad persons stood on the platform at Victoria anxiously awaiting the arrival of the secretaries with their tickets. Nevertheless the whole party left together and would have arrived together but for the fact that the sleeping car bearing five of our members was detached during the night and attached to another train. The gentlemen concerned spent what they later grudgingly admitted to be an interesting day touring round Switzerland, eventually arriving at Zermatt only five hours late.

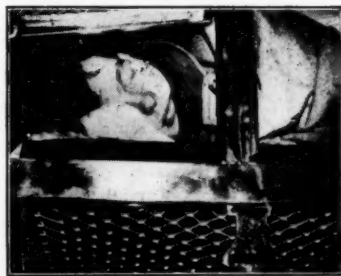
Snow conditions in Zermatt were excellent, there being four feet of snow in the village and deep powder on the upper slopes. We were fortunate to arrive on one of the few pleasant days that the village had enjoyed and, after a quick lunch, the real enthusiasts were quickly on the slopes. Zermatt provides an ample supply of varied ski-ing with, perhaps, the reservation that the Nursery Slopes are not very impressive compared with those at Zürs. For those who enjoy the simpler pleasures the scenery is breathtaking, the whole panorama being dominated by the Matterhorn, which rises in photogenic majesty from the southern end of the village.

After the first day of glorious sunshine the sun gave way to more familiar weather. One of the advantages of Zermatt is that even though the valley may be shrouded in cloud, the sun will be shining on the mountains and some people were lured up the lifts to the sun, despite the disgrace of descending again by lift. However, after four days of snow and overcast skies, the sun made a welcome reappearance and with it the deck chairs, on the balconies, and the cameras.

There is much to photograph. There being no road up the valley to Zermatt the only transport is provided by horse-drawn sleighs, which are picturesque, if somewhat hazardous in the narrow streets. The church too was a target for camera fiends and, of course, the inevitable Matterhorn. (One interesting game one can play in Zermatt is finding a postcard which does not depict some aspect of the Matterhorn.)

The party stayed at the Hotel Dom and we are grateful to Herr Lauber and his wife for entertaining us very well and at modest rates. Barts have stayed at the Dom before and some old members of the club expressed surprise at our being welcomed there again. The party behaved very well, however, and, excluding the mysterious departure of two angry Germans at 4 o'clock one morning, did not trouble the other guests unduly.

There was the usual crop of injuries striking mainly at the beginners and particularly at the girls, who found a telegraph pole on the nursery slopes irresistible. Dick Crampton, one of the more experienced skiers in the party, suffered the unnerving experience of being brought down on the "blood wagon"



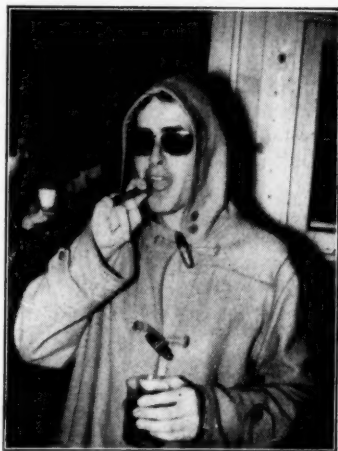
Mr. K. R. Bowles

"Better the morning after . . ."

after a crash high up on the slopes. Fortunately his injured ankle was not sufficiently serious to prevent him from ski-ing again later, but he was forced for a time, to join the élite group which sun bathed each day at the top of the "Sunnega". Special mention must be made of Gary Rein who having spurned the ski school, Austrian or Swiss technique, devised his own style and mastered all manoeuvres except stopping and turning corners. He survived a series of the most spectacular crashes and once again the

insurance company showed a profit on our policy.

Zermatt is large compared with most alpine villages and the shops are modern and



Mr. C. A. Fugue

“... than never the night before”

varied but very expensive. Night life flourishes although the men of Barts did not contribute their full share (muttered one youth “I have come away for a change”; muttered one girl “One more game of Snip, Snap, Snorum and I shall scream”). One small bar was affectionately named ‘Dan’s’ and was frequented regularly, being the cheapest source of palatable beer in the village.

There is no doubt that the smaller casualty list this year was in part due to safety bindings. Both the secretaries used them and avoided what had become the traditional injury, although some claimed that their unprecedented cleanliness played some part in this. In explanation let it be said that the secretaries occupied the bridal suite with adjoining (free) bath, from which, sitting back to the taps, a unique view of the Matterhorn was achieved. In the corner of this same bathroom was a small appliance of doubtful aetiology which was very useful for washing drip dry shirts. The era of perquisites!

It is sad to think that by the time this report is published the healthy tans will have faded past even the stage of pale jaundice and all skiers will have sunk back into anonymity. Next year we shall master the Wedeln.

K. R. BOWLES.

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University of London

UNIVERSITY OF LONDON.—Dr. C. F. Harris has been appointed representative of the University at the ninth International Congress of Paediatrics to be held in Montreal from July 19-25, 1959.

Recent Lecture

Dr. C. Langton Hewer, F.F.A.R.C.S., delivered the Frederic Hewitt Lecture, “Forty Years On”, on Wednesday, 18th March, 1959, at the Royal College of Surgeons.

ANNOUNCEMENTS

Engagements

MARSHALL—GIBSON.—The engagement is announced between Richard David Marshall and Eleanor Ann Gibson.

SMITH—COCKELL.—The engagement is announced between Dr. Richard Guy Lewin Smith and Elizabeth Rosemary Cockell.

Marriage

POCOCK—TRESIDDER.—On January 31st, at the Priory Church of St. Bartholomew-the-Great, Eric Pocock, B.Sc., M.R.C.V.S., to Angela Tresidder, M.B., B.S.

Births

BOULTON.—On February 15th, to Helen, wife of Dr. Tom Boulton, a son (Thomas Adam Babington).

DROWN.—On February 17th, to Freda, wife of Dr. G. K. Drown, a sister for Rosemary and the twins.

HARRISON.—On February 9th, to Jane, wife of Surgeon Lieut-Commander J. A. B. Harrison, R.N., a son, brother of Timothy.

HEWITT.—On February 21st, to Myrna, wife of Stanley R. Hewitt, M.R.C.O.G., a son (Martin Russell).

SCOTT.—On January 31st, at B. M. H. Hongkong, to Rosemary, wife of Surgeon-Lieut. H. G. Scott, R.N., a third son.

Death

CANE.—On January 22nd, Edward Geoffrey Stayner Cane, D.S.O., Col. Late R.A.M.C. (retired). Qualified 1910.

Examination Successes

ROYAL COLLEGE OF SURGEONS

The following Candidates were successful in the Primary Fellowship Examination of the Royal College of Surgeons in January 1959:

Edwards, A. J.
Nottidge, R. E.
Rosborough, D.

Mr. Sidney Higgs

An Appreciation

Sydney Limbrey Higgs retired at the end of September, after 28 years on the senior staff.

Born in London on September 12th, 1892, he was educated at Whitgift and St. John's College, Cambridge, where he rowed in the First May boat and at Henley and became Secretary of the Lady Margaret Boat Club. He was a member of the Hawks Club.

His time at the University was interrupted by the outbreak of the first World War. In 1914 he saw service in France and later with the Indian Medical Service in a hospital ship in the Mediterranean during the Gallipoli campaign. Sent back to continue his studies, he qualified early in 1917, and, after a short



Mr. Sydney Higgs

house appointment as Surgical Receiving Officer, joined the Royal Navy as a Surgeon-Lieutenant and served in destroyers and light-cruisers of the Harwich Force.

On demobilisation he was in 1920 appointed one of the first House Surgeons to the newly formed Surgical Professorial Unit. This brought him into close contact, not only with Professor G. E. Gask, its Director, but also with Mr. (later Sir) Thomas Dunhill, who had given up a promising career in Melbourne to serve in the Army where Gask

had marked him down and induced him to come to Bart's as Assistant Director. In this strange environment, Dunhill received great help from the younger man, and the links of a close friendship were forged. Higgs went on to take his F.R.C.S., and to demonstrate anatomy. The recent war had emphasized the value of orthopaedics and its past neglect in these Isles, and Higgs felt strongly drawn towards it. His practical ability and sober judgment were appreciated by two astute observers, R. C. Elmslie and Sir Robert Jones. Consequently Higgs was able to work as Chief Assistant in the Orthopaedic Department at Bart's, and as Assistant Surgeon at Roehampton, which had become the successor of the Military Orthopaedic Hospital established by Robert Jones at Shepherd's Bush (in the "Hammer-smith" Hospital that now houses the Post-graduate school). He also filled the post of Surgical Registrar at the Royal National Orthopaedic Hospital, where he shortly became Assistant Surgeon and later full Surgeon, and finally Consulting Surgeon in 1948 after his retirement from the active staff at the end of 1947.

In those early days, Higgs began to take a leading part in two other activities that had interested Robert Jones and R. C. Elmslie, namely, the development of the Heritage, Chailey, from a school and passive home for crippled children into an active children's orthopaedic hospital, and also the development of orthopaedic clinics in various parts of Hertfordshire, which incidentally brought a great deal of good teaching material to Bart's. He was also Orthopaedic Surgeon to the Alexandra Hospital, the Foundling Hospital, St. Dunstan's, the British Red Cross Clinic for Rheumatism, and to various cottage hospitals.

Although the first bonesetter, Izzard, was appointed to the Hospital in 1698, forty-three years before the word orthopaedic was coined, there was no orthopaedic department till 1867, and from then it was conducted by one or other of the junior general surgeons. In 1912, R. C. Elmslie was appointed the first specialist Orthopaedic Surgeon, with eight beds. In 1930, he was allotted the greater part of Kenton (now Henry) Ward, and a theatre in the basement beneath. In the same year, an Assistant Orthopaedic Surgeon was appointed in the person of Higgs. He became full Orthopaedic Surgeon and head of the department when Elmslie retired in 1937.

On the outbreak of war in 1939, the staff of the orthopaedic department was dispersed. Higgs was made Consultant in Orthopaedics to the North-East Sector of the Emergency Medical Service and to the Eastern Command of the Army, and was put in charge of a special orthopaedic centre of 200 beds at Hill End where he gathered about him a band of keen younger men.

Since the war, the orthopaedic department has remained divided between Hill End and Bart's; but, in spite of the consequent impediments, he retained his interest in teaching; and he did not lose touch with the student body although he had orthopaedic beds at Bart's itself for only two of his twenty-one years in charge of the department.

Higgs played his part in the affairs of his speciality, and in 1950 he became President of the British Orthopaedic Association, a post which he held with great distinction for the two years of this office. He was also President of the Orthopaedic Section of the Royal Society of Medicine in 1940-41, and President of the Heberden Society in 1947 and 1948.

Although a very good speaker and teacher, Higgs has written little. Early in his career he devised a toe operation which became generally adopted here, and many years later was independently described in America; and, in collaboration with Ivor M. Robertson, he made some useful contributions to bone grafting and to the use of penicillin in its early days. His own particular interest has been the surgery of the hip, and he developed remarkable judgment and dexterity in this very difficult field.

As a personality, Higgs presents that combination of grace, dignity and courtesy that we like to think epitomises the English gentleman, and all this is crowned by a fine presence.

His regular recreations were golf, fishing and ski-ing, with always a special interest in sailing, which since the last war has occupied most of his leisure. An illness about two years ago was thought by his friends to have deprived him of his dearest pastime. It was therefore with some surprise that his former assistants and house surgeons learnt that a radio-telephone would form an acceptable parting present, and they discovered with gratification that *Easter Maid* was to be succeeded by a new and better boat, *Lady Margaret*, now building. We wish her Master many years of happy sailing.

MEDICAL BOX CASE HISTORIES

by J. S. Price

As a student one gets very little opportunity of seeing medical casualties red-hot from the street; in fact to me and my contemporaries the medical box was a thing of obscure location and even obscurer activities, where for all one knew the last remnants of witchcraft might have been hanging desperately on into the sterobiotic era. So perhaps the account of a few cases, informally presented, might be of interest. As the writer is a red-hot case of inexperience, the diagnoses carry not even a six months guarantee, and comment from his betters (and others) would be welcome, the more critical the better.

A boy of 20, who worked as a jewellers polisher, came in one lunchtime complaining of nausea and swelling of the upper lip. He had been perfectly well until coffee break that morning, when he felt sick and his lip felt a bit thick. Five minutes later he had a bout of unproductive coughing, an unusual thing for him. On his way to hospital he developed a flush over the face. He had not vomited and had no other symptoms.

On examination, his face was something like the colour of beetroot, the eyelids and subcutaneous tissues of the face were swollen, and from the feel of his forehead he had a high fever. He could not breathe through his nose. The first time his axillary temperature was taken there was no mercury visible in the barrel of the thermometer; the second thermometer registered 95° F. Pulse and respirations were normal. He was not distressed and his mental faculties seemed in order. The chest and shoulders were flushed, and also the back, where there were scars of an old acne. The backs of his fingers were swollen—there was a dark red punctate rash on them, and one or two fissures. He had had the rash for two months. Further examination revealed a sagging right palatal arch which moved poorly on phonation, and some rhonchi at the back of the left chest. Otherwise he was normal.

He was a phlegmatic sort of individual—and after a 'man to man' talk the only

worry he admitted to concerned one of his sparking plugs. Careful questioning had elicited no history of taking medicines, eating strange food, or using new chemicals. He had been in his job for 27 months and all the time had used the same polish (of unknown composition) and in his spare time tinkered around with his car, which he had had for some months. There was no personal or family history of allergic conditions (apart, perhaps, from the rash on his hands) nor of any among his workmates.

Nevertheless, the diagnosis of 'allergic condition' was made, and he was given 10 mg. of Piriton intramuscularly. (Piriton, an antihistamine otherwise called Chlorpheniramine Maleate, is surgery's first line of defence against anaphylaxis 'and all that'.)

The response to treatment was interesting. The rhonchi disappeared in about ten minutes; then the erythema faded slightly, and then he was heartily sick. About half an hour later he suddenly developed a typical urticarial rash over his chest and the flexor aspects of his arms.

He was taken to Surgery Ward for the night on Tabs. Piriton 2 q.d.s. In the morning, apart from a slight residual swelling of the face and upper eyelids, he was back to normal.

What could have caused this 24-hour drama in the life of a healthy boy? Was it crypto-allergic, was it psychological, or was it merely 'idiopathic'?

One afternoon there were two patients in the box at the same time both with heart conditions, who represented an interesting contrast in personality and history-telling.

One, a man in his late forties, had come with a doctor's letter complaining of attacks which he had had for over thirty years. Suddenly, with no warning, he said, his heart would stop and he would have to fight for breath, then a terrible palpitation would ensue, and then he would get a feeling of two icy fingers being slowly drawn across his heart (this was

accompanied by a demonstration). Some years ago he had been investigated by Dr. Douthwaite at Guy's who had said that his heart was perfectly normal. For the last two years he had been off work because a doctor had told him to 'take it easily for a bit'. In the course of the history-taking (by no means a swift affair) he touched on many other symptoms and described many periods of hospitalisation, also, by the way, giving a classical description of Globus Hystericus. Examination, of course, revealed no abnormality, not even the odd extrasystole which the history suggested. He was told that the most modern form of therapy for his condition could be obtained at the Labour Exchange.

The other patient, a man of similar age, was brought in looking like death, pouring with sweat and with a systolic blood pressure of 60 mm. Hg. (the diastolic was unrecordable). His pulse was 210 per minute, regular and of poor volume. His story went something like this, "Oh, it's all right, doctor, I've been getting attacks like this on and off for five years—they last for two or three days and then suddenly go off. I'll be all right." He was admitted to the ward with a diagnosis of paroxysmal tachycardia.

An office clerk of 43 was brought in one lunchtime in a state of collapse. He had been perfectly well in the morning, but going upstairs to lunch had felt breathless, and at the top of the stairs had had considerable difficulty getting his breath; the difficulty was mainly with inspiration rather than expiration. Then sitting at the luncheon table he felt dizzy and came out in a sweat. He experienced tingling in the feet and hands. His condition so alarmed his dining companions that they rushed him to hospital, where his condition remained much the same. There was no history of previous attacks.

He was a lean and anxious man, he had a history of duodenal ulcer, but looked perfectly fit. The respirations were of normal rate but of deep thoracic character. The jerks were rather brisk, but otherwise general examination revealed nothing.

The history, the character of the breathing, and a wink from the ambulance man as he had been brought in suggested that the malady might not be quite as serious as it seemed. The sphygmo cuff was passed round his arm and pumped just above systolic pressure. In one minute he complained that the arm had gone numb, and in another half

minute the hand was in carpal spasm. This sign was, I believe, first described by Trouseau. Erb's sign (movement of the angle of the jaw when you tap over the parotid gland) was negative.

He was then given oxygen (with no gas flowing) and after rebreathing from the bag for sixty seconds declared himself to be completely better. The nature of his attack was explained to him, and he was discharged, a letter being sent to his doctor.

These cases of 'hysterical' hyperventilation must be fairly common: this was the third to appear in the box in less than three weeks. It differed from the others in that the respiration rate was 24; in the other two it had been 50 and 60. All three were similar in having sensory symptoms (coldness, numbness and tingling) rather than motor. The respiratory rate is quite out of the control of the patient, and ventilation cannot be reduced by voluntary effort; it is, however, reduced very quickly on rebreathing. The patients have no insight at all into the condition.

One morning the police brought in a woman in her early twenties. They had been called to see her in a church, where she had told someone that she had lost her memory. This was, in fact, the case. On questioning, she could not remember who she was, where she lived or any facts about her life. We found from her handbag that she was married to a sailor, had three children and lived in Rochester. On being told this she did not register, nor did she recognise a photo of her husband and children.

There were some interesting things about her memory. For instance, although she did not know she had a sailor husband, she knew all about sailors. Although she did not know where she had been that morning, she knew that the Australians were doing well in the Test. She knew she could knit, thought she could probably ride a bicycle, but not drive a car. She thought she had played tennis and hockey at school and had probably worked in a shop (the idea of customers produced a hostile response). That was as far as her memory of her own life went.

She seemed a pleasant and unintelligent woman who could converse quite normally. She seemed bemused by her condition but not agitated. There was no physical abnormality.

The condition was thought to be hysterical, and an injection of sterile water was given

with a great build-up as a memory restoring drug. It was quite ineffective. Some time later, while her medical attendant was in a sort of therapeutic doldrums, she took the opportunity of going to sleep, and woke up, hey presto! with her memory perfectly restored.

She could remember all her past life and the period during which her memory had been missing. She said that she had been depressed because her husband was due back off leave the next day. She remembered the fact that she had lost her memory. Her personality seemed much the same as before, although naturally she was more cheerful.

Eventually her husband turned up to

claim her, and this introduced the first sneaking doubt into the diagnosis. He seemed much more concerned about getting a medical certificate for an extension of leave than worried about his wife's condition. Was this in fact a hysterical amnesia or was it a vastly elaborate plot to get a few days extra leave? Is there, incidentally, any way that one can tell the difference with any certainty? Foolishly in this case I signed the certificate, forgetting that even if she were genuinely hysterical the secondary gain would only make her more likely to do it again.

Thanks are due to the Casualty Physicians for their permission to discuss these patients, and their advice in dealing with some of them.

ONE HUNDRED AND ONE YEARS AGO

Medical Events of 1858

by P. J. Watkins and A. J. Missen

We may read the books and journals of a century ago with a good deal of amusement when we see advertised "a new belt for the treatment of cholera" and a "recently invented" galvanic machine to reduce the agonies of tooth extraction, while in more serious vein the editor of the B.M.J. devoted a leading article to the effects of lack of physical exercise in the United States. The Americans, he says, have become such a gangling race that the trouser had to be invented to hide their spindly calves!

Yet it comes as something of a shock to realise how much of what we consider today to be fundamental medical practice originated in that period, for Medical Research at that time was proceeding with great vigour. At Guy's Hospital, Hodgkin, Addison and Bright were at work, a trio whose record for one hospital at any one time must be incomparable.

Men were travelling as they always will and we find Sir Erasmus Wilson reporting on his "three weeks scamper through the spas of Germany and Belgium" saying of Langen Schwalbach that "it is here that the old grow young, the weak, strong".

Meanwhile at home, the year 1858 saw the close of a long struggle on the part of a small but energetic party of reformers to set in order the affairs of the medical profession. A

century dominated, as Carlyle points out, by "laissez faire and Devil take the hindmost" had once again produced legislation which controls and affects our lives today. It is interesting to observe however that these same principles resulted in a Bill regulating the activities of the profession and doing nothing to penalise the vast number of quacks who were at that time in practice. A sentiment often expressed in Parliament was that "we must encourage the good, not discourage the bad," and many a reforming measure was rejected because it provided for penalties against unqualified practice.

The movement for reform gained its first success with the Apothecaries Act of 1815 which gave the Society of Apothecaries the right to practise medicine and also made some specific regulations with regard to medical education. This achievement, plus the continued success of unqualified practice and the efforts of that indefatigable reformer Thomas Wakley (founder editor of *Lancet*) formed the basis of a struggle which was to last forty years and involve the introduction of no fewer than seventeen Bills into Parliament.

The deficiencies of medical education in the early nineteenth century were manifest in the widening gap between clinical medicine and medical research, inadequate degrees and the lack of evidence of qualification. This

state of affairs, as Dr. Hawkins pointed out to the Select Committee of 1847, was largely due to the existence of seventeen independent and uncontrolled licensing bodies all trying to undercut each other.¹ Under these circumstances unqualified practice thrived encouraged by government and royal patronage (from Queen Adelaide) and, perhaps above all, public apathy.

Upon this scene of confusion appeared Thomas Wakley, imbued with a desire for urgent and radical reform. Impulsive, genial to his friends and abusive to his enemies, Wakley was a formidable opponent and having antagonised the consultant staffs of almost all the London hospitals he now transferred his full fury to the Royal College of Surgeons with allegations of incompetence, corruption and nepotism.

However well founded these may have been, and Sir Astley Cooper's oft quoted remark (when accused of rudeness to a group of surgeons) at once springs to mind: "Are they men whom I could possibly feel disposed to injure? Mr. Travers was my apprentice, Mr. Key is my nephew, Mr. Green is my godson, Mr. Tyrell is my nephew and Mr. Morgan was my apprentice."² one cannot escape the feeling that Wakley was fighting people rather than abuses.

In 1834, before Wakley entered Parliament, he worked in conjunction with Warburton (M.P. for Bridport) in promoting a government enquiry into the state of the medical profession and had the immense satisfaction of hearing the Corporations (the two Royal Colleges and the Society of Apothecaries) damned out of their own mouths.

The following year Wakley successfully contested the seat for Finsbury and entered Parliament as an acknowledged expert on the practical and legal shortcomings of the Corporations—"the dull, feeble exclusiveness of the Royal College of Physicians of London, the tyranny and ineptitude of the Royal College of Surgeons, the pettyfogging malice of the Society of Apothecaries . . ." as he put it in one of his weekly diatribes against the established order.

Wakley and Warburton introduced their

first reforming Bill into Parliament in 1840 and although it was dropped after the first reading it indicated the general lines along which the reformers were thinking. Probably the most fundamental provision of the Bill was the establishment of a Medical Register—initially one each for England, Scotland and Ireland, though by the time the 1858 Bill was introduced the legislators had settled for one Register only, inclusion in which conferred the right to practise in each of the three kingdoms.

The first of the reforming Bills also included penalties for unqualified practice and sought to restrict hospital, public and service appointments to duly qualified practitioners. Penalties for unqualified practice were unpopular with the Whigs, who maintained that the public had the right to be attended by quacks if it so chose, and the Bill introduced in 1855 by Mr. Headlam after consultation with the Provincial Medical and Surgical Association was almost certainly lost by virtue of its penalty clauses.

In 1841, a Bill introduced by Mr. Hawes contained an idea which was to prove highly controversial—namely the "single portal of entry", that illusionary vision of a single basic registerable qualification which was championed by Lord Elcho in the latter stages of the reforming movement. It was however an idea which presented too many administrative difficulties and cut too sharply across the interests of the Universities and Corporations and it was therefore dropped from the 1858 Bill.

The Corporations were strongly opposed to the reformers on the matter of registration, considering that the whole idea was beneath their dignity and that double registration of "General Practitioners" as physicians and surgeons would lead to the extinction of the old "orders" of the profession. For this reason too, they were strongly opposed to the single portal of entry. It was over the ideas mentioned above that the uncompromising attitudes of the medical corporations (anxious as ever to maintain their position of privilege) met the zeal of the reformers in a battle which was to rage for 17 years.

The idea of a governing body for the profession was considered from the outset though the functions of the Medical Council, as specified in the first of the reforming Bills, consisted merely in examining chemists! Subsequent Bills added to its powers until it

¹Report from Select Committee on Medical Registration 1847.

²Sprigge: "Life and Times of Thomas Wakley.

finally attained the administrative and disciplinary powers set out in the Act of 1858. The composition of the G.M.C. was the subject of much discussion. Mr. Headlam on the one hand wanted an elected Council with direct representation of the profession as a whole, while Lord Elcho wanted a Council nominated by the Crown and responsible directly to Parliament.

In 1857 the House was reduced to a state of utter confusion on the subject of medical reform, being faced by four Bills (two each from Mr. Headlam and Lord Elcho) the numbering of which had gone awry, so that reports on debates read like some nightmare in which every effort at progress was unavailing. In the end both Headlam and Elcho withdrew their bills and the dark hour before the dawn, with its needless internecine strife drew to a close.

In February 1858 there was a change of government, but Mr. Cowper kept his promise, made in a previous session, and introduced a "Bill to Regulate the Qualifications of Practitioners in Medicine and Surgery". This simple title concealed a complete medical Bill the provisions of which are now commonplace. By a masterstroke of compromise the General Council of Medical Education and Registration (or General Medical Council as it came to be known) was to consist of members elected by licensing bodies as well as those nominated by the Crown, but it is worthy of note that not until 1886 did the profession as a whole achieve the right to elect direct representatives to the G.M.C.

The Acts of 1858 made the G.M.C. responsible not to Parliament but to the Privy Council, a move which time has more than justified for it subsequently ensured the freedom of the Medical Research Council and the University Grants Committee.

The Medical Council was to maintain a Register of Qualified Practitioners, to define registerable qualifications, to advise and set up examining bodies and to maintain the discipline of the profession.

Despite some opposition from disappointed radicals the Bill passed both Houses and received the Royal Assent on August 2nd, 1858.

Since that time further legislation has altered the composition of the G.M.C. and has defined its purpose more clearly while case law and the Medical Act of 1950 have done much to clarify its judicial functions.

The Act of 1950 introduced two new clauses in relation to legal proceedings by (i) allowing the reinstatement in the Register of a practitioner who is deemed to have reformed, and (ii) allowing an appeal in a civil court against a decision by the G.M.C.

Thus the Act of 1858, although it required a good deal of amending legislation, laid the foundations upon which the profession is organised today and has served as a model to other professions and other countries. It achieved two objectives which Wakley would probably have considered incompatible—it safeguarded the public and advanced the profession.

There may not have been agreement on the principles of the establishment of the General Medical Council but a far greater controversy was evoked that year by one of the most important books of the century. Darwin's "Origin of Species" disturbed the theologians and upset the Lamarkists and today, although the theologians may have been pacified, the controversy among biologists continues. Rather suitably therefore, in 1958 the Nobel Prize for Medicine went to three geneticists in the United States: to Lederberg who has worked on the idea of spontaneous mutations postulated by Darwin; and to Beadle and Tatum who have studied the genetics of bacteria and fungi with a view to furthering the understanding of human genetics on the principle that all life is "... similar ... at the cellular level, whether plant or animal ..." (B.M.J. November 1958). This principle which governs so much of today's research was established just one hundred years ago when Virchow spoke to the Pathological Institute of Berlin and proposed "a view of the cellular nature of all vital processes, both physiological and pathological, animal and vegetable, so as distinctly to set forth what even the people have long been dimly conscious of, namely the unity of life in all organised beings." This series of lectures was published in the famous book "Die Cellular Pathologie" which was widely acclaimed as a great success and is obviously one of the most important landmarks in the history of cytology and cyto-pathology. It established pathology in the form in which we know it today, banished the humoral theories of disease (rather too successfully, as we now realise) and at the same time stimulated anatomists and physiologists into further research at cellular level. It seems strange that a man with the insight

and the ability of Virchow should have been so sceptical to the views of Darwinism and also to those of the bacteriologists: perhaps he felt that the bacteriological concept of disease detracted rather from the validity of his own ideas.

Virchow after introducing the purpose of his book, "to offer in better arranged form than had hitherto been done a view of the cellular nature of all vital processes" proceeds almost immediately to debunk the blastema theory of Schleiden¹ by a simple observation under the microscope pointing out quite correctly that there was no evidence at all to suppose that nucleoli appear first and are then enclosed in a nucleus which in turn becomes surrounded by cytoplasm and the cell membrane—which was the way in which Schleiden had viewed the process. Shortly afterwards he puts an end to any ideas of the "spontaneous generation" of the cell, expressing the important principle of "omnis cellula e cellula"—remarkable as it appears, some years before Pasteur dismissed the view of "spontaneous generation" of micro-organisms.

"Die Cellular Pathologie" is magnificent to read, his arguments lucid and convincing if not always leading to the right conclusions as we know them now—although it is remarkable how very slightly different are many of our views today. The first chapters deal in a new way with systematic histology classified into epithelial, connective and more specialised tissues—a system which we still use and for which Virchow was largely responsible. The rest of the book describes the various pathological processes—of inflammation, and thrombosis, of pus, tubercles, and cancer, which he considers as "new formations" resulting from "a reproduction of physiological tissue" and an attraction of juices by the tissues from the capillaries. Indeed although many hypotheses have been formulated since as to the more ultimate causes of these changes, we cannot say very much more even now. His contemporary critics gave Virchow due praise for his work although the *Medical Times* of 1859 rather resents the impression that he gives of regarding all previous work as a prelude to his own "Cellular Pathology".

Virchow had no one-track mind and while

his interest in pathology remained in the forefront for the whole of his life, he cultivated the sciences of Anthropology and Archaeology with conspicuous success and an expedition to Troy resulted in another publication. His political influence too was considerable: his outspoken views resulted in temporary exile from Berlin and even in a challenge to a duel by Bismarck (a challenge which he nevertheless declined); but this influence also allowed him to work on the improvement of the social conditions of the time; above all he established improved water supplies and drainage systems. Our water supplies still worry us: even in 1958 the World Health Organisation was worried about international standards of water supplies for the ever-growing number of travellers (B.M.J. December 1958); in 1858 the Editor of the B.M.J. was concerned about the water in the Serpentine and considered filling it with sea water brought from Brighton by a pipeline along the railway!

That year also saw the death of a man who was much concerned about London's water supply. This was John Snow (1813-1858) of York who studied Medicine in Newcastle, where, during an epidemic of cholera he made many valuable observations; later he came to London but it was some years before cholera once again roused his interest. It did not seem to occur to people that cholera might be transmitted by water and was generally believed to be inhaled from the effluvia of the common cesspools, and since these had in common the odour of hydrogen sulphide this was considered responsible; yet Snow pointed out in the *Medical Gazette* of 1858 that chemists did not seem to be particularly stricken with the disease nor did those partaking of spa water. His findings were substantiated by statistical observations on the rate of disease according to the source of the water supply, and people considered him not a little unorthodox when he asked for the Broad Street pump handle to be removed. But the result was dramatic and he had vindicated himself. His critics, however, left him no peace and argued that because he did not consider the cesspools as the direct cause of disease he was against their efforts to get rid of them; he certainly did argue against the newfangled water closets because of the inordinate supply of water required by them and the impracticability of supplying such a quantity of good water. Later came a change of water supplies

¹A Theory holding that cells develop from surrounding tissue fluids.

from the companies he had considered at fault and the change of the disease pattern which came with it consolidated his position once and for all.

Water, however, was not Snow's only interest and the same year 1858 saw the publication of his classic work "On Chloroform". It was the culmination of years of experience with anaesthetics which started when ether was introduced into this country after Morton had established its use in the United States in 1846. The idea of anaesthetics was not really as new as one supposes: the Romans had used opium and Dioscorides describes the use Mandragora. Gaseous anaesthetics began to be considered scientifically after Priestley's discovery of oxygen and nitrous oxide, and even as early as 1798 Humphrey Davy suggested nitrous oxide for use in operations, although his ideas were not developed for many years. In England ether almost became a total failure until Snow spotted that the flaw lay in the administration. Immediately his success became known, and Liston at University College employed him as his anaesthetist. Soon afterwards (1847) chloroform appeared, after Waldie a Liverpool chemist had suggested its use to Simpson at Edinburgh. It appeared at first to be safer than ether, more convenient to administer and less disagreeable to the patient. Prince Leopold and Princess Beatrice were born to Queen Victoria under chloroform given to her by Snow on a handkerchief. In 1858, the last year of his life, he wrote his treatise "On Chloroform" and was seized by a stroke just before completing it. Method of administration was nearest to Snow's heart, but he dealt with the problem from every aspect—history and chemistry, and then detailed description of an enormous number of cases at which he personally was in attendance: remarkably few fatalities occurred in Snow's own proficient hands, and he allays the fears of the public who have read in some irresponsible journal that tens of thousands were killed by its use, which was purely for the convenience of surgeons. However, already before Snow's death, the hospitals of Massachusetts had considered chloroform too dangerous and reverted to the use of ether. But Snow's book has left its mark on the development of anaesthetics. The *Lancet* reporting on it considers it the best and only complete treatise on this subject in existence at the time. It was an untimely death which cut short Snow's

career. He certainly did not rest satisfied with chloroform and was hard at work experimenting with Amylene shortly before his death.

The book critics of 1858 were at the same time examining the new Text book of Anatomy of Henry Gray of St. George's Hospital. This volume, which has been through just 33 editions in one hundred years marked the culmination of the study of gross anatomy which had proceeded with an increasing enthusiasm—which had given the opportunity to the unscrupulous Burke and Hare to sell the victims of their misdeeds to Dr. Robert Knox of Edinburgh (for prices as high as £14 per corpse). Gray was elected to the Royal Society at the exceptionally early age of 25; before publishing his textbook he had written prize-winning works on optic nerves and the spleen. His textbook was "far superior to all other treatises on anatomy," the B.M.J. of 1858 tells us. Its chief aim was the application of anatomy to surgery to which it is indeed the vital key as history has shown us. The book, therefore, had sections on practical surgery, the remnants of which appear in our own volumes in the "small print" sections headed "applied anatomy". The illustrations were of Gray's own dissections drawn by Dr. Vandyke Carter and were so masterly that people were only worried that such a book would make anatomy too easy and dissection appear complicated and unnecessary. The bones were illustrated with muscle attachments in dotted outline as we know them today, and following the example of Holden's "Human Osteology" of some years before, a technique much commented on at the time. A description of the lymphatic system was included for the first time since Mascagni's description earlier in the century and was also a new and most important feature. Gray prepared his second edition already in 1860, and sadly this most promising young man died of smallpox in the following year, at the age of 36.

Although 1858 may seem rather remote to us, we have tried to show how the thought and work of that time have influenced our own ideas and practice. It has been written that we should "praise famous men and our fathers that begat us"¹ and if we keep this in mind, it should enable us to view modern methods in their true perspective.

¹Ecclesiasticus I.

THE LAND OF THE MIDNIGHT SUN

by T. C. Hindson

The Arctic Circle, to the uninitiated, may seem to have little connection with the excretory patterns of electrolytes in human subjects, as indeed, perhaps, it has.

In 1951 Stanbury and Thomson commented on the fact that most subjects living a normal 24-hour day showed an oliguria during nocturnal sleep and an increased salt and water excretion during the day. In 1952 Mills and Stanbury showed that when subjects were changed to a 12-hour routine many of them maintained a 24-hour excretory rhythm for periods up to 48 hours.

Lewis and Lobban, in the summer of 1953, investigated this further by taking a party of Cambridge undergraduates to Spitzbergen, where under the continuous light of the northern sun, they investigated the effects of living a 22-hour day. Each participant in the experiment was given a watch set so that two revolutions of the hour hand corresponded to 22 hours G.M.T.

One interesting fact that emerged from their results was that "nocturnal" diureses were much commoner when periods of sleep coincided with daytime at home than when they coincided with night. This tendency was lost as subjects became adapted to the new routine.

Miss M. Lobban was now interested to see whether any rhythm would persist in subjects taking exercise and not living any specified length of day. Conditions for such an experiment would again be ideal in the arctic summer, and it was here that Brian Duff, Hugh Francis, R. J. Donovan and myself offered our services, all, alas, only 2nd class Tripos men.

Lyngenfjord, lat. 70 N., North-east of Tromsø was chosen, the exercise to be mainly climbing.

We soon realised that even the organisation of such a small expedition for only six weeks was no small task but many people were helpful including the Scot Polar Institute who advised us on the geography of the region and lent us some tents while Messrs. Glaxo Ltd.

turned up trumps with a sample of "Complan" asking us to comment on its palatability, which we duly did. Two electrical firms were interested to see how their products stood up to use in the field which gave us a small subsidiary object.

Each member kept a detailed log of his own activities (and sometimes those of others). With constant daylight our day was a random affair, as directed, and began any time from 05.00 hrs. to 15.00 hrs. Samples of urine were estimated at regular intervals for volume, gravity, pH, while 10 mls. of each sample was preserved under toluene for estimation of sodium and chloride at home.

An analysis of our results showed no discernable excretory pattern and it was interesting to hear that Miss M. Lobban has obtained similar results from a study of a group of Eskimos, last summer. Our conclusions were that the normal rhythm found by Mills and Stanbury was a reflection of the physiological activities of normal individuals over 24 hours, observing a constant ratio of activity to inactivity and that once this is interrupted so many factors are operative that it is impossible to decipher any subsequent changes except by large-scale experiments on laboratory animals under controlled conditions.

The Norwegians were very friendly but viewed with distaste, and quite rightly so, the undergraduate habit of the expedition in growing beards. The nearest habitation was a cluster of two or three wooden houses whose owners fished and scraped a living from the land. Nevertheless their families were large and the camp soon became the focal point for the children's attention, particularly at meal times when all would stand in silent amazement watching the Englishmen cooking. The English pudding was something entirely new to them and it was not long before we had made several converts to this tinned delicacy, the loan of a boat once being obtained in exchange for one of Heinz's



A typical family group of Lapps outside their tent

sturdy samples.

By cart-track, road and ferry we were some twenty miles from Tromsø and near our camp seemed to be the favourite spot for the menfolk of that town, to escape from their wives, for a week-end camp. On one such week-end we were introduced to a new drink, by two veterinary surgeons, since called by us "vet and lemon" which consisted of veterinary spirit, absolute alcohol, flavoured with lemon to which they had been driven by their country's severe duty on spirits.

Some miles distant was an encampment of Lapps who, despite their lack of education, had a keen eye for business and not without considerable bargaining did we buy reindeer skins at prices which we had been told were reasonable.

The Lapps are a nomadic people whose main occupation in life is the care of their reindeer herd. In summer they camp near a trading port and in the winter they wander over north Norway, Sweden and Finland.

Their conditions are extremely squalid and as many as ten people were living together in one of the wig-wams, depicted above, which are made from reindeer hide fastened to a scaffolding of wooden poles. A

fire burns in the centre and the smoke, should it wish to, escapes through a hole in the roof.

Diet consists mainly of a thick porridgey gruel and, despite the abundance of the animal, reindeer meat is a delicacy for special occasions only. Under these circumstances we were not surprised to see several undernourished and deformed children. Life may be hard but the Lapps are happy and all seemed delighted to have visitors in the camp, a special lassoing demonstration being given for our benefit.

We left Norway with many happy memories and a lot of specimens to analyse. I will finish by quoting, with apologies to the late Robert Service, some lines penned by one of the party.

*The Northern Lights have seen queer sights,
But the queerest they ever did see
Was the night we spent in an Arctic Tent,
Measuring the pH P.*

References

- MILLS, J. N. & STANSBURY, S. W. (1952). *J. Physiol.* 117, 22-37.
STANSBURY, S. W. & THOMSON, A. E. (1951). *Clin. Sci.*, 10, 267-293.
LEWIS, P. & LOBBAN, M.C. (1954). *J. Physiol.* 34-35.

A COMPARISON OF MEDICAL PAYMENT SYSTEMS IN THE UNITED STATES AND GREAT BRITAIN

by Roger S. Wotkyns, B.S., M.S., M.D.

I was asked some months ago to write a paper for the Journal contrasting the systems for the practice of medicine in the United States and Great Britain. It is not my aim to cover the subject of relative efficiency and calibre of medical care, as this is quite impossible without first-hand knowledge of the practice of Medicine in areas other than the London area. I think however, that a discussion of the American Voluntary Health Schemes in relation to the National Health Service would be of interest.

Prior to 1948 when the National Health Service became effective, insurance against the costs of medical care was provided principally by non-profit plans known as Hospital Contributory Schemes. These organisations, which grew out of the Victorian Saturday funds, have distinct points of similarity to Blue Cross plans in the United States, and, in fact, some consider them as the progenitor of Blue Cross. Under these schemes small amounts were collected weekly, in return for which the breadwinner and his dependents were admitted to a Voluntary Hospital without having to make further payment. If admitted to a Local Authority Hospital, the Scheme made some payment, thereby avoiding for the patient the required means test. Gradually supplemental benefits were added, such as ambulance conveyance, convalescent home treatment, loan of sickroom equipment, dentures, and optical and surgical appliances. By 1947 there were some 450 hospital contributory schemes, covering about 10 million people, mostly low income contributors and their dependents. This represents about half the population of England and Wales.

Protection was also made available prior to 1948 by non-profit organisations called 'Provident Associations', their principal coverage being hospital and nursing home care and the costs of surgery, consultation and specialists. In many instances these were associated with hospital contributory schemes

and had many points of similarity.

Private insurance companies, unlike those in the United States, for the most part limited their coverage in respect to accidents/illnesses to loss of income, writing little in the way of hospital or medical cost insurance.

In 1948 the National Health Service became effective. Its purpose was to provide comprehensive medical care and services to all the people of Great Britain, the costs to be borne by funds derived from taxation. The services provided include hospital care, medical care provided by the physician—general practitioner, the specialist—or through public health agencies, dental and ophthalmic care, drugs and appliances. Certain charges are made for some forms of care, medicines or appliances. These have recently been scaled upwards in an effort to keep costs within reason in relationship to the national income and to limit abuse or excess usage. Certain forms of care, such as that in nursing or convalescent homes, are not readily provided by the Scheme and, if private hospital accommodations are chosen, no benefits then derive from the National Health Service in regard to hospital care.

Prior to 1948 the insurance programmes in the United States were for the most part very similar to those in Great Britain. The majority of health insurance schemes were maintained by larger industrial firms as well as small businesses to manage the acute medical emergencies of its employees, generally through a contract arrangement with a group of practitioners within the community. A system has now evolved through non-profit organisations with voluntary subscriptions, which enable the insured to seek medical care through private contract with the doctor of his choice. The majority of these subscribers belong to a plan known as the Blue Cross and Blue Shield. The individual buys his protection by payments either

in conjunction with a group (as a member of a group of subscribers at his place of employment, 10 members or more) or individually at a slightly higher rate. Blue Cross provides full payment for hospital necessities for any acute medical problem, up to 90 days of hospitalization per year. The only real limitations involve hospital room payment. A choice of hospital room payment ranging from full payment to one third payment per day can be arranged by variation in the premium. Blue Shield, the companion policy, provides for the Doctor's fee in conjunction with this hospitalization, and covers these fees in total on a pre-arranged fee schedule. For an additional premium the cost of office calls and home visits can be included in the Blue Shield system. These schemes do not pay the cost of medicines, except those used in hospital, appliances or long-term medical care, dental or ophthalmic care. These are glaring omissions in a comprehensive health scheme. It should be mentioned, however, it is estimated that more than 90 per cent of hospital problems are met by these subscriptions without additional cost to the subscriber. More than 75 per cent of large and small businesses in the United States provide either additional medical protection similar to that outlined above or pay all or part of the premium of Blue Cross or Blue Shield for their employees as part of the employer-employee contract when the individual is hired. Further, most employers maintain for employees, in conjunction with retirement plans, sick-leave systems which provide full pay from 14-30 days for one illness and more for multiple illnesses each year. Most States require each company that employ more than six people to subscribe to a system of state compensation, which compensates for industrial injury to total disability for life for an injury incurred at the place of employment.

There are in addition to those mentioned above many private insurance companies which provide medical care policies similar to Blue Cross and Blue Shield for slightly higher premiums.

In all the total cost of protection for a family of four is on an average approximately 7 dollars per month.

State and Federal agencies for care to the medically indigent provide complete medical and dental care for from 5 to 30 per cent of the population, depending on the geographical location. These State and Federal agencies also provide preventive health measures

without cost such as school immunisations—starting in the first school year—for all children, well baby clinics, visiting nursing service, communicable disease surveys, livestock immunisation and control programmes and control of food and drugs.

In 1957 it was estimated that 70-80 per cent of the population came under the aegis of voluntary medical payment plans and the balance is cared for either by State and Federal agencies or private resources. The trend in the United States in the last 10 years is definitely towards voluntary insurance schemes with more coverage and lower premiums through non profit organisation.

It should be mentioned that very little progress has been made in the United States for private insurance programmes to pay annuities for loss of income due to protracted illness. State and Federal agencies, however, do provide a relief system for those willing to submit to a means test, which will provide from 100 dollars to 300 dollars per month, depending on the number of dependents, during periods of illness or unemployment. In the case of illness the period of such income is unlimited.

Since the advent of the National Health Service, the insurance companies in Great Britain do not appear to have made any changes in their practices in respect to protection against the cost of medical care. In addition to this most hospital contributory schemes, which were part and parcel of the voluntary hospitals, had their assets taken over under the National Health Act and went out of existence. Those schemes which survived were, for the most part, the larger schemes which were independent legal entities servicing groups of hospitals. These determined to offer contributors benefits supplementary and ancillary to those obtainable under the National Health Service. Two main approaches were taken: some schemes preferred to tie benefits closely to hospital benefit, while others provided assistance towards the cost of dentures and surgical appliances.

The principal and most costly benefit now offered is cash payment to the contributor, and in many cases to his wife, while hospitalized. Convalescent home treatment is, however, the most widely provided benefit. In 1953 there were 39 such hospital contributory schemes, the total income of which was £2,225,000, collected from 3,612,798 contributors. The coverage included eligible dependents in addition.

The provident associations also managed to survive. The principal coverage provided by them today is against the cost of maintenance in hospital private wards and nursing homes, and towards the fees of surgeons anaesthetics, consultants, home-nursing care, therapy and diagnostic services. There is an upper limit of indemnity and no benefits are available for treatment by general practitioners. All covered care must be on the recommendation of the family doctor.

The exact extent of the growth of voluntary health insurance in Great Britain is not known. It has been estimated recently, however, that there are four million contributors, who, with their dependents, constitute one quarter of the population of England and Wales. This is not nearly the number covered prior to 1948 (then approximately half the population was covered), but in the face of the National Health Service it is most remarkable. Of greater significance is the rate of growth of this coverage in recent years. Enrolment in the British United Provident Association has increased from 34,000 contributors to 300,000 today. The rate of increase has been 52,000 in the year 1953-4 and 31,000 in 1956-7, when the imposition of an upper age limit of 65 was imposed on new subscribers. To these figures must be added those of the dependents, which doubles the number for this single organisation. These figures are recapitulated in those of other organisations to the totals indicated above.

Several reasons have been suggested for the surprising growth of these voluntary schemes. One is the element of charges and means or needs tests applied to certain aspects of the National Health Service. Another is undoubtedly the desire for privacy. Still another; and perhaps the most important, is the fact that some individuals either cannot afford or do not want to wait for hospital accommodation in the Government general wards. For example, at the end of 1956, 431,000 persons were reported to comprise the waiting list for hospital beds. The length of the waiting period was dependent on the nature of the illness. For general surgical beds the wait varied from 53 days in non-teaching hospitals to 70 days in provincial teaching hospitals. For ear, nose and throat diseases the wait ranged from 88 days in London teaching hospitals to 135 days in non-teaching hospitals. Not the least of the above reasons for the rapid growth of these voluntary schemes is the desire for freedom

of choice in the selection of surgeons and other specialist consultants.

Concerning trends for the future, there is nothing in the foreseeable future which would indicate anything other than a continuation of the growth of the systems now established in both countries.

In Great Britain there is no doubt that voluntary health schemes will play a more prominent role in the practice of Medicine. Recently a study by the British Medical Association, under the leadership of Dr. S. Leslie McCallum, concluded that there was a need for further development of insurance assisted private practice in England. A scheme for grants-in-aid on insurance principles to keep alive private practice if the need should arise was proposed. Another development has been a movement known as the Fellowship for the Freedom of Medicine which has no ties with the British Medical Association. The purpose of this organisation is to offer an alternate plan, which would be based on "real insurance principles under which doctors and hospitals will charge fees for services rendered and the bulk of these fees will be covered by insurance supported by State subsidy". The extent and size of this organisation is unknown to me, but the implication of its existence points to the need for its recognition.

At the same time the voluntary health insurance programmes in the United States are growing rapidly; that many different means toward this end are being employed bears witness to the fact that it is a successful means for a medical payment scheme in America. In conjunction with this movement there need be considered the rapid rise of schemes for social reform relative to Medicine in the systems for the care of the medically indigent from both State and Federal sources.

From my viewpoint, therefore, I see successful systems for medical care based on the one hand on State enterprise and on the other on individual enterprise, geared for the political, economic, sociologic and geographic problems inherent in each country. There is no question that the former is more comprehensive, offering adequate and complete medical care to every citizen. The latter, however, as of this date, provides a medical payment system for the individual, with complete latitude and freedom of choice; this system is augmented by a very adequate and rapidly growing method of dealing with individuals falling into the category of medical indigency.

TWELFTH DECENNIAL CLUB (1925-35)

The Annual Dinner of the Twelfth Decennial Club is to be held at the Naval and Military Club, 94 Piccadilly, W.1., on Friday, April 24th. Chairman, Dr. F. Avery Jones, M.D., F.R.C.P.

Will any Member who does not receive notification, or any eligible non-Member who would like to attend the Dinner, please get in touch with W. D. Coltart at 58 Harley House, N.W. 1.

WESSEX RAHERE CLUB

The Spring Dinner of the above club will take place at the Clarence Hotel, Exeter, on Saturday, April 18th, 1959.

It is hoped that, as usual, a Member of the Staff will be present as Guest of Honour.

Membership of the Club is open to all

Barts men practicing in the West Country. Further details will be circulated to Members and to any other Barts men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman, of 11 Circus, Bath.

STORY

The other day we met a healthy, indeed bull-like young man at a nearby pub, who described himself (with a twinkle in his eye) as a transport operative's statutory attendant, in other words a lorry driver's mate. He earned 14s. a week less than the lorry driver, which must have given him something like £10 per week and his only duties were to hook on and hook off the trailer behind the lorry, which plied between Stepney and Smithfield Market. I calculate this as an annual income of £520 for 25 hours work.

Light Relief in Out-Patients

CHIEF: "Why should this lady, who is a bookkeeper by occupation, be troubled by varicose ulcers?"

STUDENT (after long and apparently deep thought): "Because she spends all day standing on the racecourse, sir."

* * *

CHIEF: "My darlings, I've been up against fat women all my life".

RECENT PAPERS BY BARTS MEN

- ABERCROMBIE, G. F. The art of consultation: The James Mackenzie Lecture. *Practitioner*, 182, Jan., 1959, pp. 84-95; and *J. Coll. Gen. Pract.*, 2, Feb., 1959, pp. 5-21.
- *ANDREWES, C. H. Charles Todd, 1867-1957. *Biog. Mem. F.R.S.*, 4, Nov., 1958, pp. 281-290.
- *—. A decade with the common cold. *Bull. Johns Hopk. Hosp.*, 103, July, 1958, pp. 1-7.
- *—, (and Sneath, P. H. A.) The species concept among viruses. *Nature*, 182, July 5, 1958, pp. 12-14.
- *BETT, W. R. Alchemist and astronomer: a note on John Dee (1527-1608) *Chem. & Drugg.*, 170, Dec. 6, 1958, p. 611.
- *—. Alcohol and literary genius. *Monthly Bull.*, 30, Jan., 1959, pp. 6, 15-17.
- *—. George Albert Buckmaster (1859-1937): physiologist and raconteur. Franz Kasper Hesselbach (1759-1816): anatomist and surgeon. *Med. Press*, 241, Feb. 4, 1959, pp. 112-3.
- *—. Giacomina Pylarino (1659-1718). *Nature*, 183, Jan. 3, 1959, pp. 17-18.
- *—. John Charles Weaver Lever (1811-58) 'Cases of puerperal convulsions'. *Med. Press*, 240, Dec. 31, 1958, p. 1252.
- *—. Lemuel Shattuck (1793-1859): American public health pioneer. *Med. Off.*, 101, Jan. 16, 1959, p. 34.
- *—. Physician-Extraordinary to Queen Victoria: centenary of death of Richard Bright. *Nursing Mirror*, 108, Dec. 12, 1958, p. xvi.
- *—. Robert Fortescue Fox, M.D., F.R.C.P. (1858-1940): a lone pioneer. *Med. Press*, 240, Dec. 24, 1958, p. 1231.
- *—. Sir James Mackenzie (1853-1925). *Chest Heart Bull.*, 22, Feb., 1959, p. 25.
- *—. Vincenzo Lunardi (1759-1806). *Nature*, 183, Jan. 10, 1959, p. 84.

- * —. Wilhelm II (1859-1941): a centennial medical note. *Med. Press*, 241, Jan. 28, 1959, pp. 87-88.
- BLUNT, Michael J. The vascular anatomy of the median nerve in the forearm and hand. *J. Anat.*, 93, Jan., 1959, pp. 15-22.
- *BUNJE, Henry (and Waterlow, J. C.). *Electrolyte changes during acclimatization to high altitude: observations made on the British Expedition to the Colombian Andes, January, 1957.* 1958.
- *CASSON, F. R. C. Nurses as individuals. 1-6. *Nursing Times*, 54, Nov. 7-Dec. 12, 1958, pp. 1305-6; 1332-3; 1367-8; 1399-1400; 1431-32; 1459-60.
- CATES, J. E. A review of 300 patients with haematemesis or melaena. *Brit. med. J.*, Jan. 24, 1959, pp. 206-211.
- *CORBETT, R. S., and O'DELL, F. C. Ileorectal anastomosis in the treatment of ulcerative colitis. *Amer. J. Surg.*, 96, Nov., 1958, pp. 684-88.
- DONATH, E. M., see, SCOWEN, E. F., and others.
- *FRANKLIN, A. White. Recent changes in the care of the newborn. *Practitioner*, 182, Jan., 1959, pp. 77-83.
- FRASER, Sir Francis. The practice of medicine: past, present and future. *J. roy. Army med. Cps.*, 105, Jan., 1959, pp. 1-13.
- *FRIEND, Francis. Zur Geschichte der Wanderzellen. *Wien. med. Wschr.*, 108, 1958, pp. 1061-2.
- *HADFIELD, Geoffrey. The role of the endocrine system in breast cancer. *Lectures on the scientific basis of medicine*, vol. 6, 1956-57, pp. 297-312.
- * —, (and Young, Stretton). The controlling influence of the pituitary on the growth of the normal breast. *Brit. J. Surg.*, 46, Nov., 1958, pp. 265-73.
- HADFIELD, John, see, SCOWEN, E. F., and others.
- HEATHFIELD, K. W. G., see, TURNER, J. W. Aldren, and others.
- HOWELL, Trevor. Residential care of the aged: some current problems. *Med. Press*, 241, Feb. 11, 1959, pp. 118-121.
- HOWKINS, John. The acute abdomen in gynaecology. *Practitioner*, 182, Feb., 1959, pp. 190-197.
- HUGH-JONES, K., (and Ross, G. I. M.). Epidemics of gastro-enteritis associated with *Esch. coli* 0119 infection. *Arch. Dis. Childh.*, 33, Dec., 1958, pp. 543-551.
- HUNTER, Richard A., and MACALPINE, Ida. William Harvey and Robert Boyle. *Notes roy. soc. Lond.*, 13, Nov., 1958, pp. 115-127.
- * —, (and Rose, F. Clifford). Robert Boyle's "Uncommon observations about vitiated sight", (London, 1688). *Brit. J. Ophthalm.*, 41, Dec., 1958, pp. 726-731.
- JOEKES, A. M. A review of haemodialysis in renal failure and some points in the diagnosis of acute renal failure. *Proc. roy. Soc. Med.*, 51, Dec., 1958, pp. 1069-70.
- JONES, F. Avery. Medical commentary on disorders of the small intestine (excluding the duodenum). *Proc. roy. Soc. Med.*, 52, Jan., 1959, pp. 38-42.
- , (and Summerskill, W. H. J.). Corticotrophin and steroids in the diagnosis and management of "obstructive" jaundice. *Brit. med. J.*, Dec. 20, 1958, pp. 1499-1502.
- *LEHMANN, H. Hämoglobinopathien. *Verhandl. Deut. Gesell. f. inn. Med.*, 64 Kongress, 1958, pp. 651-668.
- , Variations in human haemoglobin synthesis and factors governing their inheritance. *Brit. med. Bull.*, 15, Jan., 1959, pp. 40-46.
- * —, (and others). New variant of human foetal haemoglobin. *Nature*, 183, Jan. 3, 1959, pp. 30-32.
- MCALISTER, Joan, see, WEITZMAN, D., and —.
- MACALPINE, Ida, see, HUNTER, Richard A., and —.
- MEDVEI, Y. C., see, SPENCE, A. W. and —.
- *MORGAN, H. V. Onchocerciasis in the Northern Sudan. *J. trop. Med. Hyg.*, June, 1958.
- MURLEY, A. H. G. Early weightbearing in the treatment of fractured neck of femur. *Lancet*, Jan. 3, 1959, pp. 24-25.
- *OSWALD, N. C. Cough mixtures. *Brit. med. J.*, Jan. 31, 1959, pp. 292-3.
- *PLEYDELL, M. J. Epidemiological studies of Huntington's chorea and congenital abnormalities. *Roy. Soc. Health, Health Congress papers*—Eastbourne, 1958, pp. 214-224.
- PRANKERD, T. A. J. Red-cell structure and metabolism in haemolytic anaemia. *Brit. med. Bull.*, 15, Jan., 1959, pp. 54-58.
- *ROBERTS, D. C. Variation and selection within tumour cell populations. *Ann. roy. Coll. Surg. Engl.*, 24, Jan., 1959, pp. 54-61.
- SCOWEN, E. F., and others. Oxalosis and primary hyperoxaluria. *J. Path. Bact.*, 77, Jan., 1959, pp. 195-205.
- , and others. The response of the mammary gland of the male mouse to progesterone and human mammatrophic substances. *J. Endocr.*, 18, Jan., 1959, pp. 26-31.
- SEDDON, H. J. (and Brooks, D. M.). Pectoral transplantation for paralysis of the flexors of the elbow. *J. Bone Jt. Surg.*, 41B, Feb., 1959, pp. 36-43.
- , (and others). Treatment of paralysis of the flexors of the elbow. *J. Bone Jt. Surg.*, 41B, Feb., 1959, pp. 44-50.
- SPENCE, A. W., and MEDVEI, Y. C. Testosterone in defective spermatogenesis. *Lancet*, Jan. 17, 1959, pp. 124-127.
- STANSFELD, A. G., see, SCOWEN, E. F., and others.
- TAYLOR, G. W. Lymphoedema. *Postgrad. med. J.*, 35, Jan., 1959, pp. 2-7.
- , see also, TURNER, J. W. Aldren.
- *THEOBALD, G. W. The choice between death from postmaturity or prolapsed cord and life from induction of labour. *Lancet*, Jan. 10, 1959, pp. 59-65.
- TODD, Ian P. Etiological factors in the production of complete rectal prolapse. *Postgrad. med. J.*, 35, Feb., 1959, pp. 97-100.
- *TODD, R. McLaren (and O'Donohue, N. V.). Acute acquired haemolytic anaemia associated with herpes simplex infections. *Arch. Dis. Childh.*, 33, Dec., 1958, pp. 524-526.
- *TURNER, J. W. Aldren, and others. The carpal tunnel syndrome. *Brit. Surg. Progress*, 1958, pp. 324-347.
- WATTS, R. W. E., see, SCOWEN, E. F., and others.
- *WEITZMAN, D. and MCALISTER, Joan.

Tracer method for localising left-to-right cardiac shunts. *Lancet*, Dec. 27, 1958, pp. 1356-7.

*WENDELL-SMITH, C. P. (and Williams, P. L.). Some structural characteristics of myelinated nerve fibres. *Nature*, 182, Dec. 6, 1958, pp. 1608-9.

WITTS, L. J. Haematology: introduction. *Brit. med. Bull.*, 15, Jan., 1959, pp. 1-3.

* Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

LETTERS TO THE EDITOR

Dear Sir,

In your editorial in the January issue of the *Bart's Journal*, discussing space rocketry and the control of thermonuclear power, you state: "It is not really a question of how important it is for this country to keep abreast, or just behind, the Russians, Americans, or anyone else in these new fields." You then go on to say that the problem of feeding a world population, which is soon going to outgrow its food supplies, should be solved by diverting money from the rocket researches to the biological researchers.

Whilst respecting your views, I most strongly disagree with your arguments.

World leadership is far too important a matter to leave to the Americans or Russians. America is far wealthier and more powerful than this country, but time and again we have shown that with smaller resources, but greater skill, we can equal and exceed American efforts. The jet engine and radar (vital contributions to the winning of the war in Europe) were British inventions. Britain developed the atomic bomb at a fraction of the cost expended by the Americans or (I am sure), the Russians.

I agree with Sir Alan Herbert, who wrote in his recent letter to the electors of East Harrow, that Britain "had the same problem as Ulysses—should we go forth and face the world again, or stay at home in our quiet little island? Why not gracefully dwindle like the Dutch? Why not sit pretty (and neutral) like the Swiss?"

"Rightly or wrongly" (Sir Alan continued), "we have refused to say goodbye to greatness. Look at the globe or a map of the world. It is hard to find your own little island. It was always a wonder that so small a star could throw so great a light so far. Old Athens and Rome alone can be compared with us. It is still more astonishing now; that mighty America would be dismayed if we abandoned her; that monstrous Russia, whatever she may say, is wary of us; that the Red Ensign still commands respect in all the harbours of the world, and, like our own North Star, in stormy weather this little island still shows a steadfast light to all the world."

No one will deny that the rapidly expanding world population is a very real problem; by all means let us spend more on biological research as you suggest, but don't let us abdicate our position as a world power in the process.

An alternative suggestion for raising the money

would be to divert some of the profits made last year by Independent Television!

Yours sincerely,
GEOFFREY DAWRANT.

Perivale Maternity Hospital,
Greenford, Middx.

ED.—The point of the January Editorial was that it would be better to spend money on medical and biological research than on space rockets. Many other countries are not engaged in space rocketry, for instance China and Germany, and yet are respected, if not feared, as world powers, though they have no A-bombs either. Dr. Dawrant praises our physicists for constructing a cheap A-bomb; are not the German physicists equally praiseworthy for having the ability to build one but refusing to do so? Surely the attitude that having the A-bomb, flag-waving, and showing a steadfast light and so on makes us a world power is equivalent to Stalin's remark "and how many divisions has the Pope got?"



Sir,

Having read the Editorial in the February issue of the *Journal*, I should like to point out certain misconceptions concerning the meaning of the word culture.

Agreed artistic culture may be to explain nature and man, to man, but this has many facets. Much may be learnt from "a boring old malingering in Out Patients" or from "a beggar in the street". This will however only be one small facet of human nature and by itself certainly cannot add very much to one's cultural activities. The other facets to be faced must include the arts in all their diverse forms including films.

There are two sections in the community of filmgoers—those who just want to be entertained for a couple of hours without much thinking, and those who want to see a film perhaps for its aesthetic quality. Whether, Shakespeare's "Hamlet", or Cervantes', "Don Quixote" be acted on stage or screen, there is the same beauty of word and study of character to be appreciated. Would it be considered a form of escapism to watch the "Seventh Seal"?

Perhaps the former group may be indulging in a form of escapism but certainly not the latter. For if they are, as the Editor suggests, then surely he must also apply this idea to all those who go to the Festival Hall, the Royal Academy and other such cultural places.

He also states that "it may not be as praiseworthy to be entertained or educated by what is projected on to a screen as to make the effort oneself as in the societies mentioned above or to entertain everyone as the Amateur Dramatic Society or Gilbert and Sullivan Society do". Surely this statement is most colloquial. Not everyone has acting or singing ability, but this is no criterion of one's degree of culture or even intelligence. It is far more important to be able to appreciate and interpret these things; if this were not so, I cannot conceive the Amateur Dramatic Society giving performances to an empty house!

Surely a cultured person is one who can live

from day to day and appreciate man's nature, and the result of his creative ability in whatever form it may take. This is even more important today, when the greatest danger in this society of specialisation and technology, is of people becoming enveloped in their chosen career to the exclusion of all other interests. Where the so-called civilised countries of this world are in danger of turning into vast empires of technologists, where man can only appreciate machines and nuclear reactors—having forgotten man's creativeness in speech, vision and sound.

Yours faithfully,
D. E. BARRINGTON.

The Medical College of St. Bartholomew's Hospital, Charterhouse Square, London, E.C.1.

ED.—If Mr. Barrington believes that it is "far more important to be able to appreciate and interpret" Amateur Dramatics than to perform in them then he is the sort of person the February Editorial is aimed at.

The Film Society, of which Mr. Barrington is, I believe, an officer, has got off to a deservedly successful start, with a very good programme for our entertainment, amusement and relaxation. Our thanks go to the organisers who have worked very hard to get it going so quickly. We all feel much better for it, but only Mr. Barrington surely, can be feeling more cultured.

SPORTS NEWS

VIEWPOINT

The sports calendar for April includes one of the two main communal sports occasions in the year that are confined solely to members and friends of this hospital. I refer to the Inter-Firm seven-a-side rugger tournament, and also to the sports day in May.

Both sets of organisers have, in the past, worked hard and successfully in producing pleasant playing conditions for the many participants, and creating a friendly atmosphere, in which spectators can view, discuss, applaud and laugh at the proceedings quite informally.

During the evening of both occasions, an informal dance is held, and transport is provided for the return journey from Chislehurst.

All those who have not made the trip before are invited to venture forth this year, for their presence will surely enhance the success of the afternoon.

RUGBY FOOTBALL

United Hospitals Rugby Cup v. St. Thomas's at Richmond. February 18th. Semi-Final—Won 3-0.

This game though not a great spectacle for the purists, proved to be a very hard game, thrilling throughout, in the best cup tradition. Bart's played themselves to a standstill against a side that was physically bigger, and who possessed a formidable rugby record. Added to this weight disadvantage the team suffered what might have been a tremendous set back in the very first second of the game. Smith our powerful right wing received the ball, a Thomas's man, and a fracture dislocation of the right elbow from the kick off. Thus Bart's started their epic battle with fourteen men.

After 15 minutes of the game Bart's came away from their own half with a kick ahead from Bamford (incidentally by this time he had received a fractured rib fortunately undiagnosed until after the game). The ball bounced kindly for Halls, who took it in full stride and from the ensuing play Bart's received a penalty. The position was some forty



John Hamilton captain of the victorious Rugby XV, relaxing in the West country.

yards out, in the centre of the pitch. Halls took and succeeded with a very good kick to put Bart's 3 points up. Soon after this Thomas's had a penalty at the other end just outside the Bart's 25 and about halfway out but failed. Even at this early stage of the game, it was a matter of whether the lighter, but superbly fit Bart's pack playing as one man, would be able to deny their opponents possession of the ball, or should they obtain the ball, so harass their backs

that any attack would prove ineffective. This they managed to do magnificently. Hamilton was hooking well, Boladz and Harries jumping wonderfully well against the experienced Boggan in the line out, and L. R. Thomas and the new sylph-like surgeon Lt. MacKenzie doing wonders in the open. Besides this rocklike defence, Bart's managed to launch several promising attacks, one in particular when Philips typically and beautifully sidestepped the fast coming-up defence, turned inside and threw a long pass to MacKenzie who was nearly over in the corner.

We had our moments of anxiety as well, the occasional stoppage for injury to one of our men. As one wit was heard to exclaim with relief in the crowd "It's alright it's only Boladz's head." Paul Copus, the Thomas's left wing, received the ball once from a set scrum and ran very fast and dangerously before being tackled well by Ross the full back. Why they did not manage to use him again, especially during the last ten minutes when Bob Davies our blind side who was playing in Smith's position, injured his acromio-clavicular joint, one is unable to understand. Surely it was impossible with thirteen men. We could not spare a man from the pack so the right wing position was vacant. But with a tremendous effort, they managed to hold out. It could be said fairly that it was not even in these last few minutes a near thing, excepting for a penalty taken by Boggan half out and on the 25 which just sailed outside the left-hand post. Bart's had played so magnificently that they had completely knocked Thomas's right out of their stride, and now the latter had the chance to pull the fat out of the fire, and they were unable to do so.

Names have been mentioned but finally perhaps it would be better to say that this really was a fantastic team effort with every man far excelling himself in his own particular department. Few people will remember seeing a Bart's pack playing as well as it did on Wednesday, February 18th.

Team: A. P. Ross; G. J. Halls, R. M. Phillips, J. K. Bamford, I. R. Smith; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofis; M. L. Harries, W. P. Boladz; R. P. Davies, L. R. Thomas, J. C. MacKenzie.

Bart's v. O.M.T's. Saturday, February 7th
Won 6-3.

Bart's won this most enjoyable open game at Chislehurst by two tries to a try and it was only in the last five minutes that the final result was decided when after an orthodox passing movement in the O.M.T's 25, Rees Davis made a good break and sent Smith haring down the right wing to score.

Before this there was little to choose between either side. Both had fast, strong running three quarters who were well served by their hard-working forwards.

Bart's were first to score when from a lineout in the first half the hospital gained possession and Rees Davies after drawing the O.M.T's defence gave the ball to Smith, coming in to make the extra man, and he ran very strongly to within five yards of the Old Boy's line. Phillips was up to gather the loose ball and dive over near the posts. The attempt at conversion failed.

After half time the Old Merchant Taylors equal-

ised. The fly half made a break and the ball went out to the right centre who ran 25 yards to score.

Team: P. Ross; I. R. Smith, R. M. Phillips, J. K. Bamford, G. J. Halls; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (capt.), B. Lofis; M. Harries, W. P. Boladz; R. P. Davies, L. R. Thomas, D. A. Richards.

Bart's v. Streatham. Saturday, February 14th.
At Chislehurst. Drew 6-6.

In their last game before the Hospital's cup semi-final Bart's did well to make up a six point deficit in the second half and hold a strong Streatham side to a draw.

Conditions were suitable for a fast open game and both sides threw the ball around adventurously. The Streatham strength lay in their fit and heavy forwards but the Bart's pack was still able to give its backs an ample supply of the ball.

The first score came in the first five minutes when Barts playing with fourteen men failed to prevent a Streatham forward from crashing over following a punch over try. Streatham went further ahead from a penalty after a scrummaging infringement.

In the second half Pennington was successful with a penalty and after this the Hospital played with renewed vigour.

The equalising try came when Rees Davies made a break which sent the three-quarters into a good movement which ended with G. Halls diving over to score.

Team: A. P. Ross; G. J. Halls, J. K. Bamford, A. B. M. McMaster, I. R. Smith; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton, B. Lofis; M. L. Harries, J. H. Pennington; R. P. Davies, L. R. Thomas, P. D. Moynagh.

ASSOCIATION CLUB

OXFORD TOUR

For the second time this season, the Soccer Club visited one of the "Ancient Universities". Socially, the tour was a success, even if, at times, the hospitality offered us was a little subdued. As far as football was concerned, one decisive win from the three matches played, prevented a complete failure. However, as these matches were played in three days, there was some measure of achievement.

Bart's v. Trinity College. Thursday, February 5th.
Won 7-2.

Playing in still slippery conditions, the players of both sides took a little time to maintain the upright position, but after this initial stage, Bart's began to emerge as the dominant team. Hore opened the scoring with a fine solo effort in the tenth minute and quickly followed this with two more goals. Trinity pressed back and scored in spite of a valiant attempt by Haig to stop them. Phillips added Bart's fourth before half-time. In the second half Bart's continued to dominate the game—playing probably their best football of the season—Hore made his personal tally five with two more goals, and Savage, who played excellently throughout, scored to bring the Bart's total to seven goals.

Team: D. Kingsley; G. Haig, F. Amponsah; B. Perriss, R. Kennedy, D. Prosser; A. Andan,

P. Savage, B. Hore H. Phillips, I. Downer.

Bart's v. Wadham. Friday, February 6th. Lost 3-1.

On an extremely hard, frozen pitch, both teams found playing football very difficult. At first, play was fairly even, but Wadham then broke away and their centreforward scored with a fine drive after fifteen minutes. Bart's fought back, their wing-halves doing an excellent job in checking the opposing inside forwards, but the Bart's forwards, except for Phillips, seemed to lack the shooting power they possessed the day before. After thirty minutes, Wadham added a second, but Bart's soon replied with a well-taken, close range, goal by Hore. In the second half, although Bart's improved slightly, Wadham always looked dangerous in front of goal. Kingsley, the Bart's goalkeeper, played particularly well in this half to prevent Wadham adding to their score, but, unluckily, misjudged a high lob in the closing minute which gave Wadham their 3-1 victory.

Team: D. Kingsley; M. Jennings, F. Amponsah; B. Perriss, G. Haig, R. Kennedy; A. Andan, P. Savage, B. Hore, H. Phillips, I. Downer.

Bart's v. Oriel. Saturday, February 7th. Lost 3-0.

Although seemingly defeated by a decisive amount Bart's put up a commendable performance in this match, as three people, injured in the previous matches, had to play because of lack of reserves. The fit members of the team worked hard to com-

pensate for this—the outstanding examples of which were Jennings at right back, who produced his best performance yet, and Kennedy, the captain, who tackled strongly and passed accurately.

Oriel could not, nevertheless, be prevented from scoring three times—twice in the first half and once in the second.

Team: G. Haig; M. Jennings, F. Amponsah; B. Perriss, D. Prosser, R. Kennedy; A. Andan, P. Savage, B. Hore, H. Phillips, I. Downer.

LADIES' HOCKEY CLUB

Bart's v. St. Mary's Hospital—Wednesday, February 4th. Semi-final of Hospital Cup Match. —Won 5-3.

The game started slowly, and it was a little while before the forward line began to work together. The defence worked hard to keep the opposing forwards at bay. The first goal was scored by J. Swallow after a fine run down the wing. Bart's then kept pressing the Mary's defence and J. Hartley pushed in another goal. St. Mary's scored before half-time after a break away by their forwards. Bart's defence was slow at the beginning of the second half and Mary's soon shot another goal to equalise. S. Minns then took the situation in hand, and with encouraging cheers from the sideline, took the ball down the field, and pushed in another goal. Soon afterwards, J. Chambers found some more energy and shot ahead to flick the ball into the net once again. Mary's then fought back, and after

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some time managed to penetrate the Bart's defence once more. The final goal for Bart's was scored by J. Hartley. We owe part of our success in this match to our supporters who cheered valiantly from the sideline.

Team: I. Tomkins; J. Tuft; T. Coates; J. Hall, B. Barnard, E. Knight, J. Arnold, J. Hartley, S. Minns, J. Chambers, J. Swallow. Umpire: S. Weekes.

Bart's v. Reading University. Saturday, February 7th. Lost 1-8.

This was a unique match for the captain made history by baring her knees, and came into midfield. Perhaps she felt her team was getting out of control! C. Lloyd in goal resisted the frequent Reading attacks well, for who could have stopped these bullet-like shots from the Reading forwards.

Team: C. Lloyd, S. Cotton, T. Coates, M. Childe, I. Tomkins (capt.), E. Knight, J. Arnold, J. Hartley, V. Nash, S. Minns, A. Sinclair.

Bart's v. Royal Holloway College. Wednesday, February 18th. Away. Drew 3-3.

On a fine sunny afternoon after a long train journey to one of the far-flung colleges of London University, the Bart's team slowly came to life. But they never looked like winning, and only scraped home with a draw in the last minute. The forwards lacked the penetrating powers of their opponents. On one occasion, however, J. Hartley and S. Minns combined well together to secure a good goal.

Team: I. Tomkins, J. Angell James, T. Coates, E. Knight, J. Hall, M. Childe, J. Arnold, J. Hartley, V. Nash, S. Minns, M. Goodchild.

BRIDGE

We must start by congratulating Denis Gray, Secretary of the Bart's Bridge Club on the splendid performance in the *Observer* Christmas Bridge Competition in which he won a second prize.

The strangest things can happen at other tables to one's own in a Duplicate Pairs Competition. Look carefully at the following hand.

S. A 10 9
H. J 6
D. J 3
C. A K J 8 6 3
North

South
S. K 3 2
H. K 9 4 3 2
D. K Q 6
C. 7 2

This ordinary collection was played by South in 3 NT, and it looks a good contract, with five club tricks, two diamonds, two spades and perhaps a heart or a sixth club for overtricks. The two of diamonds was led and won by South's Queen. Trick two was a finesse of the Club Jack, and East showed out discarding a large heart. With the club suit now yielding only three certain tricks, South led the Jack of Hearts off the table, and East hopped up with the Ace, and led a small diamond. The Jack was allowed to win on the table and declarer

returned to his own hand to lead another small Club and drag one of West's three high cards (Q 10 9) out of her. East dropped a diamond. The small heart was played from dummy and on the King, West discarded a Spade. Now declarer crossed to dummy with the Ace of Spades, dropping West's Jack of Spades, and led the 6 of Clubs, so that West after casting her two Diamonds had to lead from Q, 5 of Clubs into A. 8 on the table. Nine tricks!

If you look more closely, you will notice that the defence can beat this contract quite easily in the following ways: (1) If West discards a diamond or a Club on the King of Hearts she will have a Spade to lead to her partner when she is in on the Clubs; (2) If East does not discard her fourth Diamond on the second round of Clubs she will overtake her partner's last Diamond in the end play and be able to cash a good Heart; (3) Most brilliant if West instead of cashing her Ace and another Diamond leads the small one, throwing South into his own hand with the King to lead a Heart to East's good Hearts and Spade.

It is therefore with some (well-hidden) pleasure that you reach for the score sheet to find only one entry on it, which reads, 3 NT by South made with an overtrick. When you reach the table where this monstrosity took place, you find that the West chair was occupied by an International Master whose play you have always greatly admired, and so you ask politely what happened.

"Quite easy" he said "I led a Spade which gave him three Spade tricks for a start." I cannot help feeling that that was not his only error, but I didn't ask any more questions.

G.F.A.

BOOK REVIEWS

DISEASES OF WOMEN BY TEN TEACHERS, 10th Edition, by E. W. Roques, J. Beattie, & A. J. Wrigley. Published by Edward Arnold. Price 36s. pp. 556.

This new edition of a very popular book should retain its predecessors well-deserved place in the student's book shelves. The presentation and style are admirable and the facts are most easily assimilated from what does not pretend to be a detailed work on the subject.

There are several additions to the book in the revised chapters on prolapse, gynaecological operations and tuberculous salpingitis. It is perhaps unfortunate that in the latter chapter the stated daily dose of PAS is 4 grams which can have little therapeutic effect, the normal dosage in anti-tuberculous therapy being at least 12 grams daily.

The large number of errors in proof-reading which occur notably caruncle (p. 190) vulsellum (p. 509 and 511), Broders's (p. 545) are regrettable. Perhaps the most reprehensible error occurs however in the spelling of Krantz (p. 517) which is spelt Krautz. If any name is given in any context especially when it dignifies the bearer, some effort should be made to spell it correctly.

Nevertheless this book successfully achieves its object and will therefore be a welcome addition to the undergraduate books in this subject.

M.L.P.

